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				Reagan Davis		(Depositor's name)
				Dagarah a/(22, 2004		(Signature)
				December 23, 2004		(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVE	NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/772,112	72,112 02/03/2004 Daniel Yap				B-4246DIV 621598-8	4863
FITLE OF INVENTION: WAVEGUIDE-BONDED OPTOELECTRONIC DEVICES 12/30/2004 BABRAHA2 00000099 10772112						
46		,		01 FC:1 02 FC:1	501 504	1400.00 OP 300.00 OP
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE I	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330		\$300	\$1630	12/23/2004
EXAMINER ART U			IT (CLASS-SUBCLASS]	
TRAN, MA	I HUONG C	2818		438-022000		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys. 1 Ladas & Parry LLP						
~ ′	dence address (or Change of	Correspondence	or agents OR, alternatively,			
"Fee Address" indicate PTO/SB/47; Rev 03-02	tion (or "Fee Address" Indica or more recent) attached. Use	ation form e of a Customer	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.			
Number is required. Insted, no name will be printed. A ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)						
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
HRL Laboratories, LLC Malibu, California						
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government						
4a. The following fee(s) are	enclosed:	41	. Payment of Fee(s)			
☐ Issue Fee ☐ A check in the amount of the fee(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached any deficiency in						
Advance Order - # 0	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 12-0415 (enclose an extra copy of this form).					
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5. Change in Entity Status (from status indicated above) \[\begin{align*} \text{ \text{a}} \text{ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.} \end{align*} \text{ \text{b}} \text{ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).} \]						
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